

Receipt
FILE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

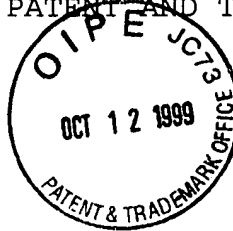
Applicant : Stark et al.

Serial No.: 09/382,433

Filed : August 25, 1999

For : ORTHOSES FOR JOINT
REHABILITATION

Docket No.: I19.12-0010



Group Art Unit: 3733

Examiner:

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

I HEREBY CERTIFY THAT THIS PAPER IS
BEING SENT BY U.S. MAIL, FIRST
CLASS, TO THE ASSISTANT
COMMISSIONER FOR PATENTS,
WASHINGTON, D.C. 20231, THIS

06 DAY OF October, 1997.

Peter D. Dard
PATENT ATTORNEY

Sir:

1. Enclosed is a copy of the Official Filing Receipt received from the PTO in the above-identified application for which issuance of a corrected Filing Receipt is requested.

2. There is an error with respect to the following data, which is:

☐ incorrectly entered; and/or

☒ omitted.

The correction for this error is indicated on the enclosed copy of the Official Filing Receipt and is listed below:

<u>Error in</u>	<u>Corrected data</u>
A. <input checked="" type="checkbox"/> Applicant's Name	A. Duane P.M. Oyen
B. <input type="checkbox"/> Applicant's Address	B.
C. <input type="checkbox"/> Title	C.
D. <input type="checkbox"/> Filing Date	D.
E. <input type="checkbox"/> Serial No.	E.
F. <input type="checkbox"/> Foreign - PCT	F.

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Application Re:

G. ☐ Other | G.

3. (Complete the following applicable item)

A. ☒ The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. ☐ At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. § 1.19(h), of \$25.00 is paid as follows:

☐ Enclosed is a check for \$25.00

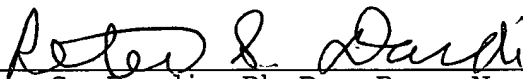
☐ Charge Deposit Account No. 23-1123 in the amount of \$25.00.

The Commissioner is authorized to charge any fee deficiency required by this paper or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this communication is enclosed.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

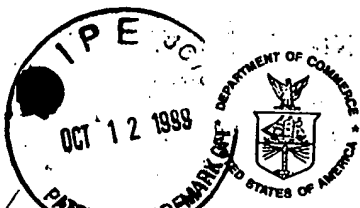
By:


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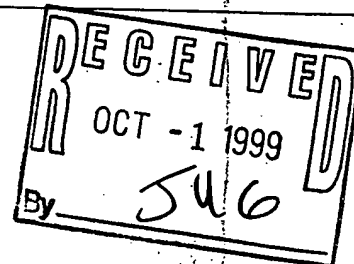


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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/382,433	08/25/99	3733	\$1,516.00	I19.12-0010	20	49	6

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900 SECOOND AVENUE SOUTH SUITE 1600
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) JOHN G. STARK, EXCELSIOR, MN; ~~DUANE P. OYEN~~
MAPLE GROVE, MN; THOMAS BYBEE, RAMSEY, MN; ARTHUR M.
LOHMANN, MINNETONKA, MN; JOEL L. BOYD, EDEN PRAIRIE, MN.

CONTINUING DATA AS CLAIMED BY APPLICANT-
PROVISIONAL APPLICATION NO. 60/098,779 09/01/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/21/99
TITLE
ORTHOSES FOR JOINT REHABILITATION

PRELIMINARY CLASS: 602

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DATA ENTRY BY: DUNCAN, KIMBERLY TEAM: 04 DATE: 09/21/99

(See reverse for new important information)